| FREQUENCY CERTIFICATION  |       |            |                   |                        |                        |
|--|-------|------------|-------------------|------------------------|------------------------|
| Name (Last, First, MI)   |       |            | CAPSN             | Date                   |                        |
| Address  |       |            |                   | Tactical Call Sign     |                        |
|  |       |            | Crescent<br>Fixed | Crescent<br>Mobile     | Crescent<br>Air Mobile |
| Frequency Meter or Counter   |       |            |                   |                        |                        |
| Make   |       | Model      |                   | Serial Number          |                        |
| In accordance with CAPM 100-1 and Volume VI, Rules and Regulations, Federal Communications Commission, the following equipment has been checked and the equipment certified within the tolerances indicated: |       |            |                   |                        |                        |
| Make   | Model | Serial No. | Frequency         | Corrected To           |                        |
|  |       |            |                   |                        |                        |
|  |       |            |                   |                        |                        |
|  |       |            |                   |                        |                        |
|  |       |            |                   |                        |                        |
|  |       |            |                   |                        |                        |
|  |       |            |                   |                        |                        |
|  |       |            |                   |                        |                        |
|  |       |            |                   |                        |                        |
|  |       |            |                   |                        |                        |
|  |       |            |                   |                        |                        |
|  |       |            |                   |                        |                        |
| Remarks on Reverse Side:   |       |            |                   |                        |                        |
| I, the undersigned, certify that the equipment listed above has been checked and is operating within frequency tolerances allowed.   |       |            |                   |                        |                        |
| Technician's Name (Last, First, MI)  |       |            | FCC Permit #      | Technician's Signature |                        |